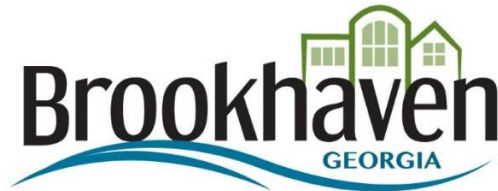


For City Use Only

Date Received: _____

Permit #: _____



Department of Public Works

4362 Peachtree Rd.

Atlanta, GA 30319

Phone: 404-637-0540 Email: streets@brookhavenga.gov

Application for Street Closing Permit

This application **MUST** be submitted at least 10 business days prior to date of street closing to be considered.

Applicant: _____ Person to Contact: _____

Address: _____

Telephone: _____ Email: _____

How much of street is going to be closed? (check all that apply) _____ Entire Street _____ One
Travel Lane _____ Parking Lane

Closed from (where) _____ to (where) _____

Date(s) of Closure: From _____ to _____

Closing time: (start time) _____ (end time) _____

Reason for closure: _____

What is being used to close the street? (Police assistance, cones, etc): _____

Who is responsible for trash/debris cleanup and removal? _____

Neighborhood/Business Notification? Yes /No (pick) When?: _____

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY PUBLIC WORKS:

Signed: _____ Date: _____